



**Company Application & Profile**

***Deadline: Friday, May 19, 2017***

Date: \_\_\_\_\_

Name of company: \_\_\_\_\_

Name of main contact: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Web Site: \_\_\_\_\_

Business is:     Sole Proprietor     Incorporated     Partnership     Other

Industry/Sector: \_\_\_\_\_

Product / service lines (attach promotional material): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date firm was established: \_\_\_\_\_ Number of employees: \_\_\_\_\_

If currently exporting, please attach a memo describing your current export activity, including your prime export market(s) and recent export plan (if available).

Memo attached:    \_\_\_\_\_ YES    \_\_\_\_\_ NO

If not currently exporting, please attach a memo explaining your planned export activity and any export business plans (if available).

Memo attached:    \_\_\_\_\_ YES    \_\_\_\_\_ NO

What does your company expect to accomplish by participating in Grow Export? Please describe your efforts to date in export development, capacity building and any other export readiness training or programs your company has participated in. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list the executive(s)/manager(s) and their titles (along with a contact number) that will be assigned to the program:

Manager: _____	Title: _____	Contact #: _____
Manager: _____	Title: _____	Contact #: _____
Manager: _____	Title: _____	Contact #: _____

**IMPORTANT:** Commitment on the part of participating companies.

Grow Export will take a limited number of applications for each round of the program. Participating companies will be required to participate in all workplan components including the diagnostic tool self assessment, follow-up interview, all workshops identified as required through the assessment (6 modules delivered over 2 half-days and 2 full-days), mentoring program and in-market experience. Participating companies also commit to providing feedback at the end of the program.

Program start date: **June, 2017**

Please sign below indicating you agree, if accepted, to invest the time and resources required by the program.

_____	_____
Name	Date

*For more information or questions on the application contact:*  
**Trade Team PEI**  
Tel: 902-566-7619    Toll free 1-888-576-4444    FAX: 902-566-7098  
Email: [tradeteampe@acoa-apec.ca](mailto:tradeteampe@acoa-apec.ca)